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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:____

REGISTERED AGENT CHANGE **QUEENS BOULEVARD CORPORATION**

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JUN 29 2022

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: QUEENS BOULEVAR	D CORP	ORATION
Name of Corporation		
DOCUMENT NUMBER: F13000041	70	
The enclosed Statement of Change of Registered Office	ce/Agent and fee	are submitted for filing.
Please return all correspondence concerning this matte	er to the followin	ng:
Joshua Murphy		
Name of Contact Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest Pkwy, Ste 400		
Address		
Austin, Texas 78735		
City/State and Zip Code		
E-mail address: (to be used for future annual repo	·	
Joshua Murphy	(888	\705-727 4
Name of Contact Person	Area Co	705-7274 de & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	rtment of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment S Division of C The Centre of 2415 N. Mont Tallahassee, F	Section orporations Tallahassee roe Street, Suite 810

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation or r to change its registered office or i	organized i	inder the lav	ws of the State o	of New York	
	he corporation: QUEENS BOL	_	_		•	
	office address: 3333 NEW HYDE F					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 9/26/201	3	Document :	number: F130	000004170	
	street address of the current registe timent of State: (If resigned, enter re		and registere	ed office on file	with the	
	BLUMBERG EXCELSION	CORPOR	ATE SEF	RVICES, INC		
	155 OFFICE PLAZA DRIVE		1ST F	FL .		
	TALLAHASSEE		FL	32301		
6. The name and (if changed):	street address of the new registered Registered Agent Solu			d /or registered	SECRE TARY	2022 JUN 28
	155 Office Plaza Dr.		Suite A		— 55.05 A 05.05	AH .
	Tallahassee	P.O. Box NOT	acceptable 3230	1	Slavi Slavi	1 9: 45
•	ess of its registered office and the s be identical. as authorized by resolution duly ac					igent,
	as authorized by resolution duly ac ne board, or the corporation has be	en notified	in writing o	of the change.		
	t Vecchione	Rob	ert Vecc	hione	VICE	
I further agree to of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ll statutes r le obligation in the regi	elative to th n of my pos	e proper and c ition as registe	ered avent. Or.	il this
Hoden	zu Ott	06	6/28/2022			
	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	Assistant Secretary					
17	pped or Printed Name * * * FIT IN	C FFF. C	15 00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)